## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

1301-7P

| CLAIMS AS FILED - PART I                                                                                                                                                                                                                                                                                           |                                                |                                                 |                                       |                                   |                     |                  | SMALL ENTITY  |                        |    | OTHER THAN          |                        |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-------------------------------------------------|---------------------------------------|-----------------------------------|---------------------|------------------|---------------|------------------------|----|---------------------|------------------------|--|
| TOTAL OLANG                                                                                                                                                                                                                                                                                                        |                                                |                                                 | (Column 1)                            |                                   | (Colur              | (Column 2)       |               | TYPE                   |    | SMALL               | ENTITY                 |  |
| TOTAL CLAIMS                                                                                                                                                                                                                                                                                                       |                                                |                                                 | 23                                    |                                   | <u> </u>            |                  | RATE          | FEE                    |    | RATE                | FEE                    |  |
| FOR                                                                                                                                                                                                                                                                                                                |                                                |                                                 | NUMBER FILED                          |                                   | NUMB                | NUMBER EXTRA     |               | EE 385.00              | OR | BASIC FEE           | 770.00                 |  |
| TOTAL CHARGEABLE CLAIMS                                                                                                                                                                                                                                                                                            |                                                |                                                 | 23 minus 20=                          |                                   | * 3                 | * 3              |               | :                      | OR | X\$18=              | 94                     |  |
| INDEPENDENT CLAIMS                                                                                                                                                                                                                                                                                                 |                                                |                                                 | 3 minus 3 =                           |                                   | * <                 | * ①              |               |                        | OR | X86=                | *                      |  |
| ML                                                                                                                                                                                                                                                                                                                 | JLTIPLE DEPEN                                  | NDENT CLAIM PE                                  | RESENT                                |                                   |                     |                  | +145=         |                        | OR | +290=               |                        |  |
| * If                                                                                                                                                                                                                                                                                                               | the difference                                 | e in column 1 is l                              | less than ze                          | ero, enter                        | · "0" in c          | olumn 2          | TOTAL         | -                      | OR | TOTAL               | 824                    |  |
| CLAIMS AS AMENDED - PART II                                                                                                                                                                                                                                                                                        |                                                |                                                 |                                       |                                   |                     |                  |               | <u> </u>               |    | OTHER               | THAN                   |  |
|                                                                                                                                                                                                                                                                                                                    |                                                | (Column 1)                                      | (Colum                                |                                   |                     | (Column 3)       | SMAL          | L ENTITY               | OR | SMALL               | ENTITY                 |  |
| AMENDMENT A                                                                                                                                                                                                                                                                                                        |                                                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT       | ,                                     | HIGHI<br>NUME<br>PREVIO<br>PAID I | BER<br>OUSLY        | PRESENT<br>EXTRA | RATE          | ADDI-<br>TIONAL<br>FEE |    | RATE                | ADDI-<br>TIONAL<br>FEE |  |
| NDM                                                                                                                                                                                                                                                                                                                | Total                                          | *                                               | Minus                                 | **                                |                     | =                | X\$ 9=        |                        | OR | X\$18=              |                        |  |
| AME                                                                                                                                                                                                                                                                                                                | Independent                                    | *                                               | Minus                                 | ***                               | 5 01 0104           | =                | X43=          | •                      | OR | X86=                |                        |  |
| Щ                                                                                                                                                                                                                                                                                                                  | FIRST PRESE                                    | ENTATION OF MU                                  | JUIPLE DEF                            | ENDENT                            | CLAIIVI             |                  | +145=         |                        | OR | +290=               |                        |  |
|                                                                                                                                                                                                                                                                                                                    |                                                |                                                 |                                       |                                   |                     |                  | TOTA          |                        | 1  | TOTAL<br>ADDIT. FEE |                        |  |
|                                                                                                                                                                                                                                                                                                                    |                                                | (Column 1)                                      |                                       | (Colum                            | nn 2)               | (Column 3)       | ADDIT. FE     | E                      |    | ADDII. FECI         |                        |  |
| AMENDMENT B                                                                                                                                                                                                                                                                                                        |                                                | CLAIMS REMAINING AFTER AMENDMENT                |                                       | HIGHE<br>NUME<br>PREVIO<br>PAID F | EST<br>BER<br>DUSLY | PRESENT<br>EXTRA | RATE          | ADDI-<br>TIONAL<br>FEE |    | RATE                | ADDI-<br>TIONAL<br>FEE |  |
| NDW                                                                                                                                                                                                                                                                                                                | Total                                          | *                                               | Minus                                 | **                                |                     | =                | X\$ 9=        |                        | OR | X\$18=              |                        |  |
| AME                                                                                                                                                                                                                                                                                                                | Independent                                    | *                                               | Minus                                 | ***                               |                     | =                | X43=          |                        | OR | X86=                |                        |  |
|                                                                                                                                                                                                                                                                                                                    | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                                 |                                       |                                   |                     |                  | 1145-         |                        |    | +290=               |                        |  |
|                                                                                                                                                                                                                                                                                                                    |                                                |                                                 |                                       |                                   |                     |                  | +145=<br>TOTA |                        | OR | +290=<br>TOTAL      |                        |  |
|                                                                                                                                                                                                                                                                                                                    | •                                              |                                                 |                                       |                                   |                     |                  | ADDIT. FE     |                        | OR | ADDIT. FEE          |                        |  |
| <del></del>                                                                                                                                                                                                                                                                                                        |                                                | (Column 1)                                      | · · · · · · · · · · · · · · · · · · · | (Colum                            |                     | (Column 3)       |               |                        | _  | •                   |                        |  |
| AMENDMENT C                                                                                                                                                                                                                                                                                                        | •                                              | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT       | -                                     | HIGHE<br>NUMB<br>PREVIO<br>PAID F | BER<br>DUSLY        | PRESENT<br>EXTRA | RATE          | ADDI-<br>TIONAL<br>FEE |    | RATE                | ADDI-<br>TIONAL<br>FEE |  |
| NDN<br>NDN                                                                                                                                                                                                                                                                                                         | Total                                          | *                                               | Minus                                 | ** .                              |                     | =                | X\$ 9=        |                        | OR | X\$18=              |                        |  |
| AME                                                                                                                                                                                                                                                                                                                | Independent                                    | <u>l, "</u> " " " " " " " " " " " " " " " " " " | Minus                                 | ***                               |                     | =                | X43=          |                        | OR | X86=                |                        |  |
| لـــا                                                                                                                                                                                                                                                                                                              | FIRST PRESENTATION OF MULTIPLE DEPENDENT CL    |                                                 |                                       |                                   | CLAIM               |                  | 145-          | 1                      |    | . 200_              |                        |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.                                                                                                                                                                                                                              |                                                |                                                 |                                       |                                   |                     |                  |               |                        | OR | +290=<br>TOTAL      |                        |  |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |                                                |                                                 |                                       |                                   |                     |                  |               |                        |    |                     |                        |  |